UCSF JOURNAL

CAMPUS MAIL

A PUBLICATION FOR THE CAMPUS COMMUNITY OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1475 - 4th AVE., S.F., CA. 94143 NOVEMBER 1978 VOL. 2 NO. 3

Randolph Falk

UCSF police Chief La Verne Lopes and his daughter Cynthia.

A Success Story

UCSF Police Chief La Verne Lopes gave one of his kidneys to his 18-year-old daughter Cynthia on September 26, knowing full well that there was no guarantee of success.

"But I hope people will see that this is a success story no matter how the kidney works," he said. "We — the whole family — have learned how to live with this. We have made the best of it.

"I told Cynthia beforehand, 'I know what I'm doing. If it doesn't work, we'll just have to take the next step, whatever that is. I did it because I wanted to do it."

The 51-year-old veteran peace officer said that there is no hesitation when the doctor tells you that, of all the family members, you are the one whose kidney matches Cynthia's the most closely.

"They tested us all," he said. "My wife Marty and Cynthia's brother and two sisters. They said she and I were probably as closely matched as you can be between a father donor and a daughter.

"Frankly, I was kind of glad they chose me. The others are young, just starting. . . I've had a pretty good life, and I felt that I could do this thing. . . "

The double operation came as a hopeful milestone for the Lopes family, which has suffered with Cynthia since Thanksgiving of 1972, when she was a 12-year-old seventh grader at Sharp Park School in Pacifica.

Cynthia herself, recovering in the transplant section in Moffitt Hospital, told this part of the story:

"I came down with what was like a bad flu," she said. "We were Kaiser patients, and my parents took me there. They said my blood pressure was very high. . . By Christmas I was very, very sick. Toward the end of December I started retaining water. I went from 120 to 150 pounds. I was anemic. . . "

(Continued on page 5)

Affirmative Action Office Gets to the Source

Newly-appointed Coordinator of the UCSF Affirmative Action Office Lewis N. Nelson sees the role of the office as one of addressing affirmative action problems at their source rather than putting out fires.

Nelson, who left his position as associate architect in the Office of Design and Construction to assume the new post has been a UCSF employee since 1969 and active since that time in affirmative action programs on campus.

He says the Affirmative Action Office wants to increase its visibility on campus, and to be thought of as an accessible place where concern for the rights of individuals and preservation of the rights of those who feel they've been the victims of discrimination are evident.

The Affirmative Action Office has these goals:

- to coordinate, monitor and evaluate all of the affirmative action functions on campus;
- to perform a major service function by helping departments reach their affirmative action goals;
- to be a non-legal resource and to handle internal grievances alleging discrimination as well as grievances filed with the Fair Employment Practices Commission, the Equal Employment Opportunities Commission, and other state or federal compliance agencies;
- to act as liaison with the University's Office of the General Counsel with respect to affirmative action;
- to work closely with campus groups and organizations, and to create greater student accessibility to the office.

Lewis says getting to the source of problems involves analyzing the ways in which things are done for protected groups (women, Blacks, Asians, Native Americans, Alaskan Natives and Hispanics, the physically and mentally handicapped, disabled veterans, and veterans of the Viet Nam era) and in developing practical solutions to the problems identified at both the departmental and higher policy-making levels.

(Continued on page 10)

INSIDE THIS ISSUE

NURSING HAS TAKEN OFF 2-3
Nursing has changed, both in theory and practice. Some of the newest concepts in the field are being taught and practiced at UCSF.

SHE DID THE RIGHT THINGS 4
Betty Herron, senior typist clerk in the Personnel Department courageously saved a man's hand that was lost in a freak accident.

?MAN 5
A new column featuring our readers' opinions. This issue: "What do you think about Proposition 5?"

UCSF RECOGNIZES VOLUNTEERS 6
A full page is devoted to the activities of the Hospitals and Clinics Volunteer Service and its dedicated people who contribute their time.

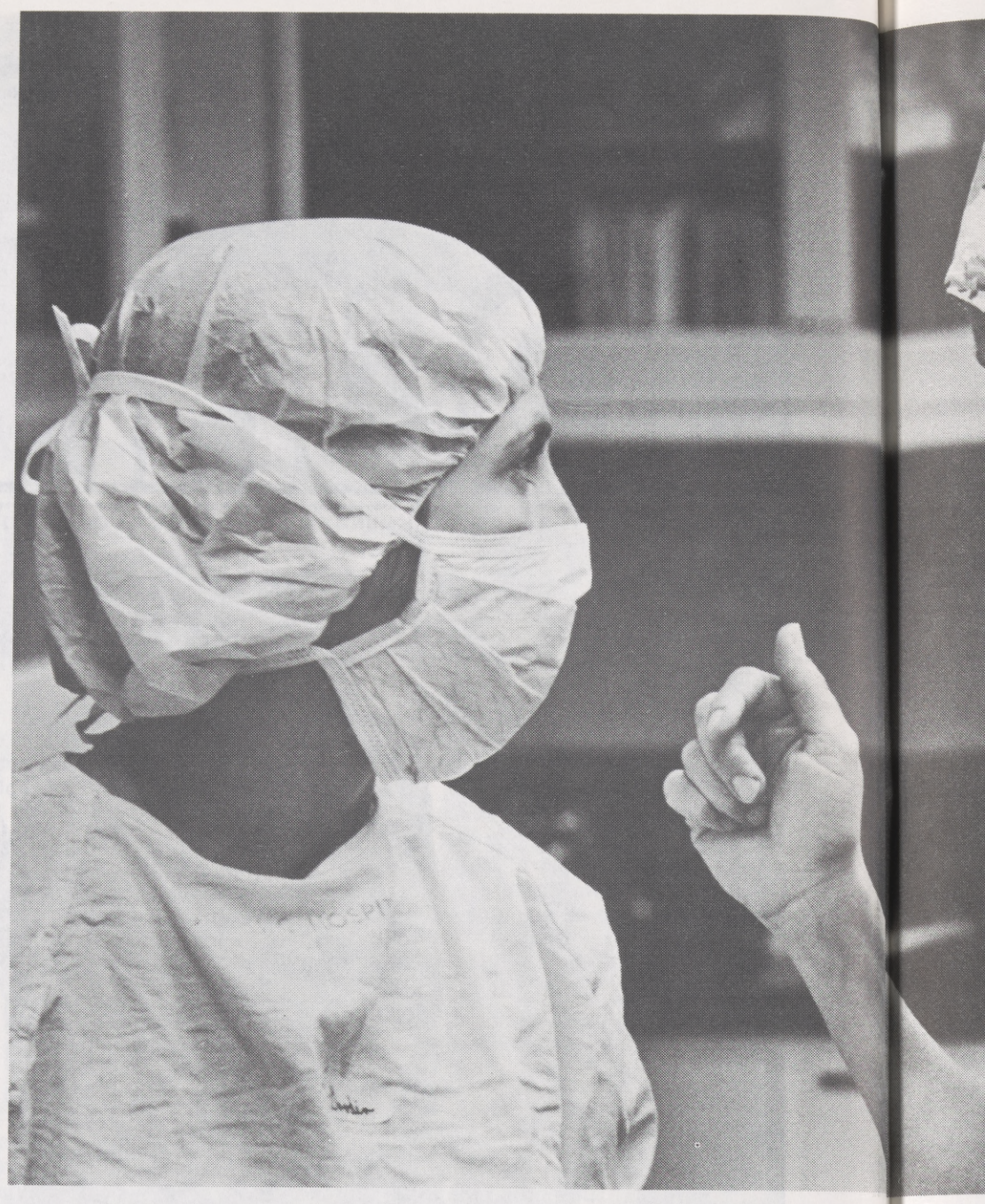
CENTER PROVIDES PSYCHOTHERAPY FOR ADULTS UNDER STRESS 8
Langley Porter's Psychotherapy Evaluation and Study Center Offers Short-term counseling for people who are under stress.

RUNNING CLINIC TO START 12
A running clinic starts soon for beginners and those who wish to improve the overall condition of their health by running.

United Way Day

see page 11

Nursing Has Taken Off!



Have you met the New Nurse?

A lot of people used to look on her as a handmaiden, a gentle presence at the bedside, little more.

Whether or not that was ever true, it is most certainly not true now. The nurse has become more and more a leader, more and more a skilled practitioner in the sophisticated techniques of patient care, more and more an advocate and spokesman for the patient. In a word, she's more and more a professional, and she's likely to feel a good deal better about herself and her work than she used to.

Most people outside of the practice of nursing haven't been aware of the great changes that have been taking place. But UCSF is one of the great university centers, where pioneering work is done in new patterns and new practices both on the nursing floors in the hospitals and clinics and in the classrooms of the School of Nursing.

The new nurse does countless things that nurses a generation ago didn't do, although many of the old tasks remain. He or she may help an expectant mother understand her own anatomy, check a pre-operative patient to make sure the operating instruments are the right size, remove an endotracheal tube, operate a defibrillator when a patient's heart has quit, or make an arterial puncture as a step in the measurement of blood gases.

"NURSING IS TAKING OFF," said Jennifer Jacoby, head nurse in the Intensive Care Unit.

"We have to be a lot more responsible than in the past. We don't just take orders anymore — we're expected to observe and to act."

Nurses are doing so much more now than in the past, in fact, that they had to change the state law governing nursing practice to make it all legal.

"The California Nurse Practice Act of 1975 brought up to date the laws on nursing, which had become antique," Jennifer said.

It wasn't legal, for example, for a nurse to cut the skin. She couldn't legally use a defibrillator. She couldn't legally alter the settings on a mechanical respirator. She couldn't — legally — hang up the bag of blood for a transfusion.

Under the new law what was common practice in many cases has been made legal. And a mechanism was provided for the inclusion of new procedures in the list of what's permitted for nurses.

Each hospital does this in accordance with its own practices. For example, one UCSF nurse is authorized to put in sutures, while elsewhere doctors may continue to reserve this responsibility. But in any case, rigid protocols must be observed; each new rule must be approved by a committee representing the hospital's nurses, doctors and administrators. And intensive training must be given before the permission is granted.

There are so many of these dramatic changes in nursing practice and education that books could be written describing them — and indeed they are. But for now, the *Journal* must content itself with some capsule reports on what's doing here:

DORIS WEYL IS ONE OF THE NEWEST of the new breeds — a nurse practitioner in the obstetrics and gynecology clinic in the Ambulatory Care Center.

She covers a great deal of ground in what was once strictly the physician's province; she manages normal pregnancies, often up to the point of delivery, does pelvic examinations for the Ob-Gyn patients, inserts intra-uterine contraceptive devices and fits diaphragms and, perhaps most importantly, does "a lot of teaching and counseling. . . We have time to talk, to ask, 'How will this baby fit into your life? What are the pros and cons of contraceptives? How do you feel about this abortion? Do you want to talk more about your decision?'

"I think it gives the patient a really fair shake to have someone who can talk about the little annoying things — constipation, her breasts getting heavy," she said.

She works always in close association with the physician, invariably calling on him when a medical problem appears. "I think we're such a good combination," she said. "The practitioners have time to teach and counsel and do the examinations, and the doctors come in when the patient needs their special knowledge of disease."

ONE OF THE COURSES where nursing students learn to do exactly these kinds of things is in the School of Nursing Department of Family Health Care Nursing. Jean Neeson, assistant clinical professor, explained:

"The students, who are masters degree candidates learn how to perform many functions that were previously the responsibility of the physician. One of the clinical settings used is the teen-age Ob-Gyn clinic in the Ambulatory Care Center.

"The students examine patients, present their cases to teachers and physicians, and determine how far to go on their own, and when to call in the doctor."

The nurse practitioner, Jean feels, is a role with a future; graduates work not only in clinics but in the offices of physicians in private practice, doing the same kind of screening, care and counseling as is done in the clinics here.

"A NEW ENVIRONMENT AND PHILOSOPHY in child-bearing" is in the new family-centered Birthing Center, where mothers and their families are "active participants and decision-makers in the experience of birth," according to Angie Lewis, head nurse, Nursery and Obstetrics.

Thus the nurse's job is different, too. She has to deal with others than the patient, since up to three relatives or friends can be with the mother during delivery. She has to know new modes of care, since most Birthing Center patients choose "natural" birth without monitors or anesthesia. She has a lot of prenatal counseling to do, and, after the delivery, since most mothers go home in 24 hours, she has to do a fast job of post-natal teaching, Angie said. In addition, the Birthing Center nurse is a patient advocate, making sure that the patient's preferences are observed, to the letter as much as possible.

IN SURGERY the nurse no longer fits the traditional picture: the masked figure standing beside the operating table and passing the instruments into the surgeon's palm. There have been some revolutionary innovations here, according to Linda Groah, nursing director of the operating and recovery rooms.

The surgical nurses, she said, are actually getting to know the patients, before and after surgery. Such a nurse may pay a pre-operative visit to assess such matters as the patient's emotional needs and even his or her size. Will more than one person be needed to transport him or her to the operating room? Should the surgical table be extended for an extra-tall man? Does the patient know how to arrange for relatives to visit before surgery?

The nurse learns that the patient is not "a gall bladder" or a "hip replacement" but a human being, Linda said. "It makes us more aware of the patient's needs. It develops a relationship between the patient and the nurse. . . the patients have someone they can relate to, and that's enormously important in itself."

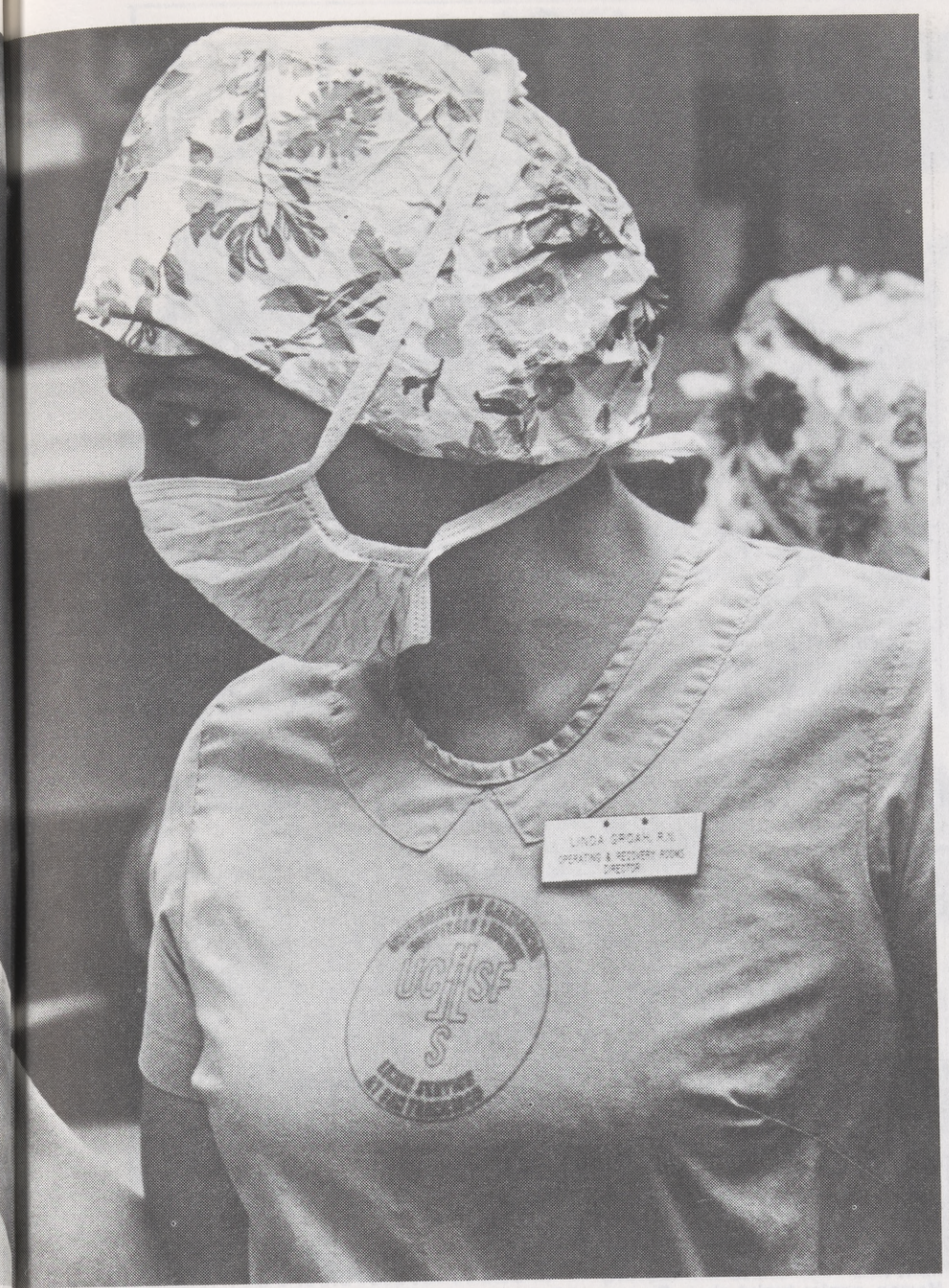
A NEW EDUCATIONAL PROGRAM in the School of Nursing Department of Biological Dysfunction is designed to turn out nurses who can do the kind of thing Linda described — and more. This is a graduate course for clinical specialists in surgical nursing, according to Nancy Stotts, assistant clinical professor, and its graduates come out with finely-honed skills in the observation and care of patients before, during and after surgery.

They are trained intensively in the effects of surgery on specific body systems, for example nursing management of patients with surgery on the heart. And when they're through they're capable, not only of caring for patients, but directing their care, teaching other nurses, working as consultants, and engaging in research.

SCHOOL NURSES, nowadays, do much more than put Band-Aids on skinned knees or identify the telltale spots of chicken pox, according to Dorothy Oda, assistant professor, Department of Mental Health and Community Nursing.

"As education has changed, nursing has changed," she said. "New laws have put severely handicapped children into the schools; teachers aren't always comfortable working with them, and the nurse must try to be helpful. The nurse also serves on the appraisal team, deciding what the handicapped child is capable of doing. . ."

The school nurse course recognizes that the nurses "have to be very much involved in such problems as venereal disease and teenage pregnancies, that she will be approachable accessible, not a

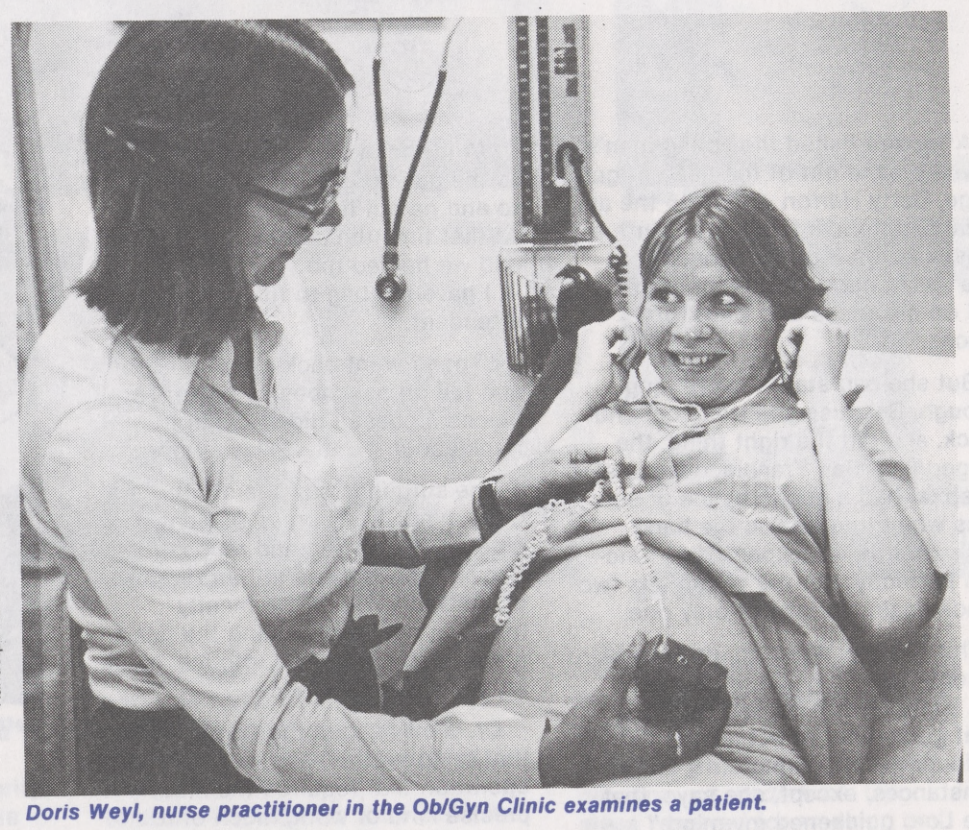


Randolph Falk

Linda Groah, Operating and Recovery Rooms director confers with nurse.

Don Lorenzo

Jean Neeson, assistant clinical professor checks patient's blood pressure in the adolescent pregnancy clinic.

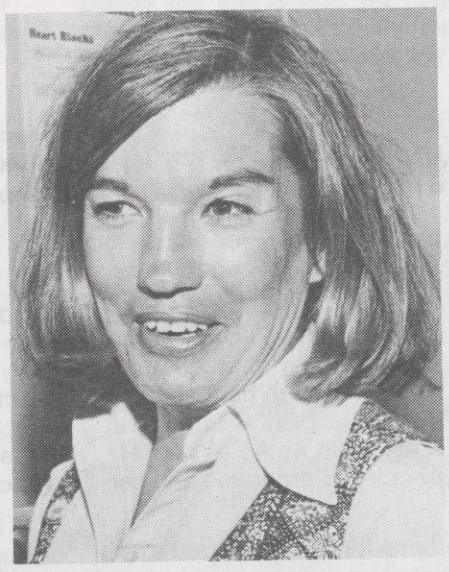


Randolph Falk

Doris Weyl, nurse practitioner in the Ob/Gyn Clinic examines a patient.

Randolph Falk

Dorothy Oda, assistant professor prepares students for school nurse profession.



Helen Dulock, assistant clinical professor is in charge of perinatal clinical nurse specialist program.

Don Lorenzo

Randolph Falk

June Bailey (center seated), associate dean for academic affairs and professor has designed advanced training program for nursing leaders.

threatening image. Youngsters will turn to her for help when they might not talk to anyone else.

If the youngster isn't healthy he or she can't learn, so the school nurse's job is concerned more and more with prevention."

UCSF's school nurse program is the first in the nation to offer B.S., M.S. and D.N.S. degrees.

ONE OF THE NATION'S first programs designed to prepare nurses at the master's level in perinatal care is being offered in the School of Nursing. It is supported by a grant from the National Foundation — March of Dimes.

Helen Dulock, assistant clinical professor, said this program prepares nurses for the care of women and infants through pregnancy and during the baby's first three months. Graduates have skills in the examination and care of high risk mothers and newborns and teaching other nurses, for example in community hospitals.

The broad goal is to improve the care that is given to pregnant women, and the hospital care of high risk mothers and newborns," Helen said.

WHERE DOES ONE GO TO FIND the nation's directors of nursing and top nursing administrators? To UCSF, of course. June Bailey, associate dean for academic affairs and professor of nursing, described an advanced training program for nursing's top management people.

The nursing leader needs not only a thorough knowledge of nursing itself, she said, but "must be attuned to technology, for example using computers to set staffing patterns.

"Nursing managers need to be spokesmen for nursing and advocates for patient care services; they must understand the impact of health insurance, get involved with legislators, understand statistics so they can interpret research, know the problems and issues, the legislative processes and strategies, and the functions of leadership itself."

The course has already provided nursing directors or assistant directors in a number of hospitals, many of them in the Bay Area or Northern California. One graduate is a consultant for Project Hope in Brazil, another an assistant director and nurse educator in Copenhagen.

— Jane Eshleman Conant

Anna Mullins, D.N.S. and Carol Kreer, associate directors of Nursing, UCSF Hospitals administer the department that keeps the hospitals' nursing services running.

Dr. Mullins and Ms. Kreer took over the job of Hospitals Nursing Administration when the post was vacated by Martha Haber. A search is underway for a permanent new director. Though they do not talk about new directions for the changing administration, they consider themselves to be integral parts of a progressive institution that is dedicated to high quality patient care and the education of staff and students.

"We have recently signed a contract with a publishing company to publish our manual of clinical procedures which will be sold to hospitals and schools of nursing," says Dr. Mullins. The manual contains procedures of care written by all levels of staff, with topics on chest physiotherapy, trachiostomy care and hyperalimentation.

Dr. Mullins says several nursing units have developed patient education programs which include booklets related to illnesses, hospitalization and some of the things patients need to know after they are discharged.

On a day-to-day basis Ms. Kreer and Dr. Mullins determine the needs of patients and staff, interact with nearly all of the hospitals' departments, try to solve patient and nursing problems, assist in staff development and develop programs to meet and maintain accreditation requirements.

Of nursing at UCSF they say:

"There is a pulling together as a team with nurses supporting us in making this the best place possible."

Ms. Kreer was primarily responsible for recruitment and preparing and monitoring the nursing budget before becoming associate director. She has been a staff nurse, head nurse and supervisor at UCSF. Dr. Mullins was director of the Staff Development Department and was the first CN-IV in the Clinical Nurse Series. Dr. Mullins is an assistant clinical professor in the School of Nursing.

She Did the Right Things

Don Lorenzo

Betty Herron, senior typist clerk, Personnel Department

After she fished the young man's severed hand out of the heap of garbage, Betty Herron gave it to the ambulance attendant who put it into a plastic bag full of ice cubes. Then she "went back into the house and fell on my knees and went to pieces."

But she had stayed brave long enough. Because she was cool and quick, and did the right thing, the surgeons at San Francisco General Hospital had a good chance of success when they sewed the hand back on. It is not expected to function perfectly, but the victim has two hands again, instead of only one.

This story is amazing, grotesque, in some ways beyond understanding. Betty Herron herself can't say what guided her to act as she did in profoundly distressing circumstances, except, she says, that "the Lord quickened my mind."

She is 34, lives at 181 Gladstone Drive with her husband Larry, a tanning company employee, and son Kenneth, 11, and works at UCSF as a senior typist clerk.

It was about 6 a.m. on Thursday, Sept. 21; she and her family were asleep in their Excelsior District home. It was garbage-collecting morning in the neighborhood, and the truck had stopped at their door.

In a cruel instant, the left hand of one of the collection crew was somehow caught in the compressor mechanism and was torn away.

"The screams woke me up," Betty said.

"I went to the window and called 'My goodness, what's the matter?'

"He held his arm up. I could see that his hand was gone."

She doesn't remember thinking. She just acted.

"I immediately dialed the operator and told her to send the ambulance. I went to the kitchen and got a plastic bag and some ice cubes. My husband took some towels for the other men to wrap around the young man's arm.

"I went to get the hand to put it into the bag, but it had been carried into the truck.

"One of the guys that was driving the truck said it had gone over inside.

"So I told him to let the garbage down onto the street. He let a little out. I began to look for the hand in the trash. It was dark, and I asked for a flashlight.

"I remember whispering to the Lord, 'Every man needs two hands. Please let me find it. . .' "

She handed the plastic bag with the ice to one of the collection men and "shoved the garbage around with a broom. It took three or five minutes. When I found the hand, it was still in the glove.

"And then I picked it up, handed it to the guy I'd given the plastic bag to and he put it into the bag of ice. At that time the ambulance came and we helped the young man into it. I gave the bag to the ambulance attendant.

"Then I went back into the house and fell on my knees and went to pieces. I guess I didn't begin to think about it until it was all over."

The surgeons say she did the right thing. Dr. Thomas D. Gant, chief of the plastic and reconstructive surgical service at San Francisco General, a UCSF faculty member, said that finding the hand quickly, and putting it into ice, made an important difference.

Dr. Gant headed the surgical team that restored the hand in a 10-hour operation that required the most precise kind of work, much of it under microscopes, re-connecting muscle tissue, tendons, blood vessels and nerves and realigning bones.

Working with him were Dr. Lawrence Colen, UCSF surgical resident at Ralph K. Davies Medical Center, and four from San Francisco General — Drs. Richard Tartosa, resident in orthopedic surgery; Marvin Bloom, attending orthopedic physician; Stanley Poulas, plastic surgery resident, and Glenn Lau, chief resident, plastic surgery.

Because the hand came in with the patient, they were able to start the surgery promptly, within two hours of the accident. And the makeshift icepack was also of benefit, since cooling a severed member helps to stall the onset of deterioration.

So Betty Herron did the right things. But she can't say how she knew what to do. She says she may have read somewhere about freezing bodies to preserve them, but the conscious thought of this wasn't in her mind at the time.

"I don't know why I thought of the ice," she said. "I know it was the Lord that quickened my mind.

"I have to give all the credit to the Lord.

". . .Ordinarily you wouldn't think it all out like that."

She loves people, she says, and she is deeply religious. She serves as a missionary at the True Hope Church of God in Christ, and works as a street evangelist for drug addicts and alcoholics. "We teach deliverance through Christ," she said.

What happened on that strange morning is still a wonder to her. But she does know this:

"I felt very good that I had helped."

— Jane Eshleman Conant

Project IDEA

Anyone who works with older adults and wants to know what is being done for them throughout the nation will be glad to hear about UCSF's Project IDEA — Innovative Developments in Aging — and its new directory of programs and services.

The handsome, blue-bound loose-leaf book contains more than 500 listings of programs such as a geriatric day care project in the District of Columbia, a legal services delivery system for the aged and handicapped in Illinois, school lunches for older adults in Louisiana, and a spiritual awareness program in North Carolina.

It's all there, from projects that didn't work to projects that work beautifully, to projects that are still under study. The directory — not necessarily intended for older adults unless they are service providers to other older adults — can help a social worker in Kansas share an idea with someone in Philadelphia, or make it possible for a Minnesota pilot dental care program for seniors to inspire a related study by investigators in Atlanta.

The aim, says Carroll L. Estes, Ph.D., principal investigator, and associate professor in the School of Nursing is to provide a "useful tool for people who are into aging," and thereby ultimately "to improve the overall quality of life for elders."

More than 500 copies of the first volume of the directory, titled "Project IDEA: Innovative Developments in Aging," have been distributed, mostly to agencies that were canvassed in the study. The U.S. Senate Special Committee on Aging will publish a condensed version as a special report. It has been used as a tool at a national workshop arranged by the National Association of State Units on Aging, and has generated considerable interest in the House Select Committee on Aging and the Council of State Governments.

In response to additional requests, it is now being sold for $15 a copy. Potential users are legislators and their research staffs, direct service practitioners, planners and administrators of programs, educators and researchers in gerontology, and advocacy groups.

Project IDEA was begun two years ago at UCSF following the publication of a report, "Development and Trends in Aging," which attracted a lot of attention.

The project is funded by a grant to the university from the Administration on Aging, Department of Health, Education, and Welfare.

Most of the work is done in the project office at 3835 Mission Street by staff members Robert J. Newcomer, Ph.D., project director; Tedi Dunn, project coordinator; and James H. Swan, evaluation and data management coordinator.

"The project has become a network that extends outward," says Dr. Estes. She says she "got hooked" on the field of aging twelve years ago as a research associate at Brandeis University, Boston, when she was asked to write a proposal to HEW on a study of housing for older adults.

"That got me interested in government and in the special needs of the aging," she said. And Project IDEA, now in the updating phase, was the logical outgrowth.

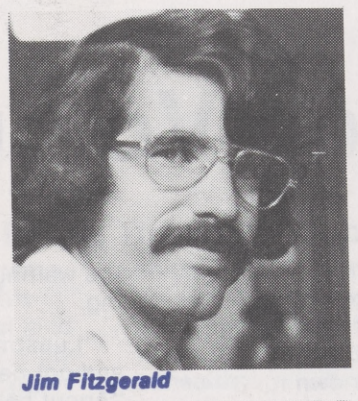
?Man

These interviews are conducted by Allen Balderson, News Services

HOW DO YOU FEEL ABOUT PROPOSITION 5 (THE CLEAN INDOOR AIR INITIATIVE) THAT WILL BE ON THE NOVEMBER BALLOT?

Alba Menacho

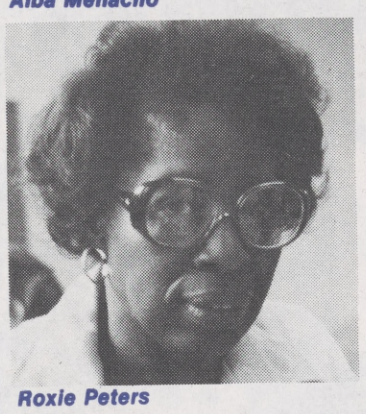
Susan Blakeley



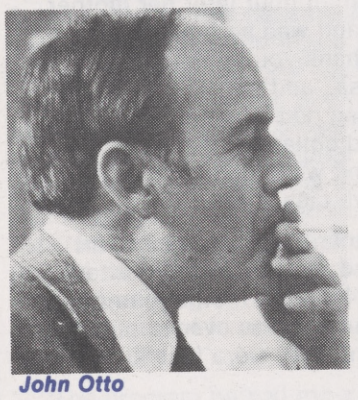
Jim Fitzgerald

James Hall

Elsie Morales



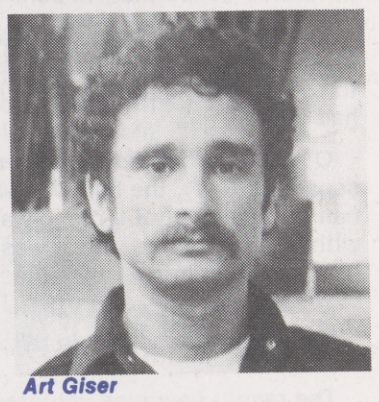
Roxie Peters



John Otto

Clementina Garcia

Angelica De Los Santos



Art Giser

Alba Menacho, clerk, School of Dentistry. You should respect someone else's opinion of different things, so I think the proposition is very good. Certain areas should be set up for smoking and non-smoking because if someone wants to smoke then they can do it without bothering other people.

Susan Blakeley, administrative assistant, Oral Medicine. I signed the petition to put it on the ballot. I smoke, but I respect the rights of others. I can't stand to eat and have the smell of cigarette smoke around me. I think that people who do smoke shouldn't have to smoke every place they go. They should be able to control their habit. If they can't, then I think they are in pretty bad shape.

Jim Fitzgerald, 3rd year Dental student. I think it is a good idea because a lot of people are bothered by smoking, especially those who smoke cigars and pipes. They can really be offensive, especially in places such as elevators. In a cafeteria there should be an area where the people can smoke because it is a very habitual thing. As far as whether or not the initiative should be passed, I'm not that familiar with it so I don't really know.

James Hill, window washer, Housekeeping. I don't smoke so it doesn't matter to me if it passes or not. But on the elevators when people get on and smoke, some people cannot stand it, it can make some people sick. If you set up a rule for not smoking in certain places and this is what the majority of the people want, then if people break that rule they should pay for that.

Elsie Morales, administrative assistant, Radiation Oncology. The only thing that I don't agree with (I heard this announced on the TV) is that one night at a theater or somewhere you would be allowed to smoke and the next night another band would be playing and you wouldn't be allowed to smoke (in the same theater), and you could be fined. I don't agree with that. If you are going to have such a rule, you should either allow smoking or not allow it. I think it's unfair.

Name and photo withheld. If it doesn't upset anyone else I think people should be allowed to smoke in small public areas. If it bothers someone, either you move or they move. I think it should be up to the individual, because I smoke. If there is a place with no ventilation then I can see no smoking. A lot of people are cranky no matter what you do. Besides, people are running around thinking that they're going to get this and that and the other thing, like cancer. But, if you are born with it, you got it anyway.

Roxie Peters, lab technician, CVRI. I really don't know. I happen to be a smoker and it is very difficult, because sometimes you smoke where you're not supposed to smoke. I don't think they should really fine you. I heard it was going to be something like $50. That's a ridiculous amount, if it's true. I can see people being asked not to smoke in certain areas, but actually fining people is taking it a little far. Even if there was a $5 fine, I doubt that I'd vote for it.

John J. Otto, administrative assistant, Nutrition & Dietetics. Well, I'm going to vote "no" on it. I think it would be too much of a hassle. All of the problems with it, even right here, with separate dining rooms and everything. I think it is horrible for people to be fined. It says on TV that it is going to cost $40 million just to enforce something like that. I think we have too much government governing our lives. If we just forget about Proposition 5 everybody would be better off.

Clementina Garcia, admitting worker, Admissions. I went to see Othello at the opera the other night, and spent $15 on a ticket, and wanted to be comfortable, and I couldn't enjoy it because people were standing in the back smoking pot. I don't think people should smoke in public places. Not as many people smoke cigarettes as they do pot. I wanted to send a letter to TV and radio stations and let them know how I feel, but I can't because I don't have the time, so I'm glad because you are saving me that time.

Angelica De Los Santos, foster grandparent, Pediatrics. I would like areas reserved for smoking and other areas reserved for non-smoking. A light fine for smoking is OK because it isn't too harmful. I don't think the smoke from cigarettes is bad for your health. Both my father and my husband were chain smokers, so I don't feel much different sitting next to someone who is smoking or if they're not. I'm used to it. In these days a $5 fine would be just right. In the olden days it would be too much, but not today.

Art Giser, lab technician, Ob/Gyn. I think that it is a good proposition. There are some things wrong with Proposition 5, but the way that it is written, it can be amended by the legislature with just a simple majority. In that way anything that appears too impractical can be changed. Basically, I think that it is a good measure and all it does is protect the rights of nonsmokers.

Person's name and photo withheld. I get crazy about Proposition 5, because I see it as an infringement on a person's rights. I can see everybody's point of view, but we should rely on people being considerate to one another, instead of making laws about it. It's the same as all of those other legislations.

Success Story (Continued from page 1)

The long siege started. Cynthia had acute kidney disease, followed by kidney failure, followed by the removal of both kidneys, followed by dialysis — many hours of dialysis.

"I had dialysis three days a week for six hours each time," Cynthia said.

There were two kidney transplants, each time with a cadaver kidney. The first lasted almost three years, the second only two or three weeks.

All this time, Cynthia said, she kept going because of the support of her family.

"We're very close," she explained. "All my support is from my family. Many times I would have given up, but they kept me going."

The family members were the ones the doctors turned to when it was decided that Cynthia might have a better chance with a kidney from a living donor. All of them went through intensive tests, and, one-by-one, they were dropped because the match wasn't close.

"Finally they got down to me," Chief Lopes said. "I was the closest. On August 20, they had me come into the hospital for a four-day workup to assess my health. They said everything looked good, and I told them to go ahead and schedule it as soon as possible."

Father and daughter had adjoining rooms in the transplant unit; both said this was a great help because they could talk, and did talk.

The chief was released about a week after the surgery, though he remained off duty pending his complete recovery. He said he didn't worry about his job, which he had left in the capable hands of Lieutenant Mike Michell and Sgt. (acting Lieutenant) Robert O'Dea.

Cynthia faces a longer stay in the hospital. But she said that she, too, knows she is in good hands: "The people in this unit are very special. They're very sensitive to the patients' needs. I know I'm in the best place in the world that I could be with this problem."

— Jane Eshleman Conant

UCSF GAZ

AUXILIARY/VOLUNTEERS

UCSF Recognizes Volunteers

Intensive Care Unit Host-Hostess Volunteer Program

The father and mother sat all night in the waiting room outside the Intensive Care Unit while the doctors and nurses inside fought to save their desperately-ill son.

Suddenly a bell rang. The parents looked at each other in anguish; they thought it meant that their son had died.

Of course, that didn't make much sense. Actually, the bell was signaling the arrival of a dumb-waiter with some supplies. But it was a heartbreaking moment for these bewildered people, and when Joan Dunkel found out about it, she did something about it.

The result: now nine volunteers provide a host-and-hostess service for the friends and relatives of ICU patients. Friends and relatives still suffer agonies of fear and suspense while their loved ones are in the ICU; they have reason to, because only seriously ill people are admitted there.

But now, usually, there is someone to say a kind word, hold a hand, bring a cup of coffee — to do the little things that let them know they are not alone. As simple a matter as explaining the dumb-waiter bell was enormously important.

Joan Dunkel is the social service worker assigned to the ICU. And when she organized the host and hostess program, the first person she called upon was Dorothy Lex, a member of the Hospitals and Clinics Volunteer Service Department who had been widowed not long before.

Dorothy was well suited for the job, because she had been there herself, so to speak.

It was a low point in her life. Her husband, Henry J. Lex, retired Army officer, had died after a long siege with cancer. Her three foster sons, who had been like her own for 8 years, had been returned to their natural father. She herself had come through radiation and surgery for uterine cancer. She turned to the service of others and, in the doing, found that it was "a marvelous healing experience for me."

She started in August of 1976, then the only ICU hostess. She had a hot plate and two pots of hot water, with which to make instant coffee, and she was diffident about approaching the tense, worried and sometimes desperate people in the waiting room.

"You have to be easy about this," she said. "You could turn people off."

But the coffeepot was a graceful door-opener. It wasn't too hard to go over to someone and ask, "Would you like a cup of coffee?"

"A few people are negative to any approach," Dorothy said. "They are really hurting. They want to be alone. They can be very abrupt.

"You learn who would like to talk and who would not. There is a sort of sixth sense; you see little telltale signs, of people who may need you a little more than others. Most are very grateful."

Many do want to talk. At first, it's almost always about the patient. But the conversations can take any kind of turn, and Dorothy said, "sometimes you hear a person's life story."

Then there was the morning when she found a toddler in her stroller in the waiting room, alone and screaming.

"I unstrapped her and hugged her and got her quiet," Dorothy recalled. "About half an hour later her mother rushed in and was so grateful. She told me 'Thank you so much for holding Lisa,' and explained that her husband had had some kind of seizure and collapsed while they were visiting with their child. She had to leave Lisa alone. . . "

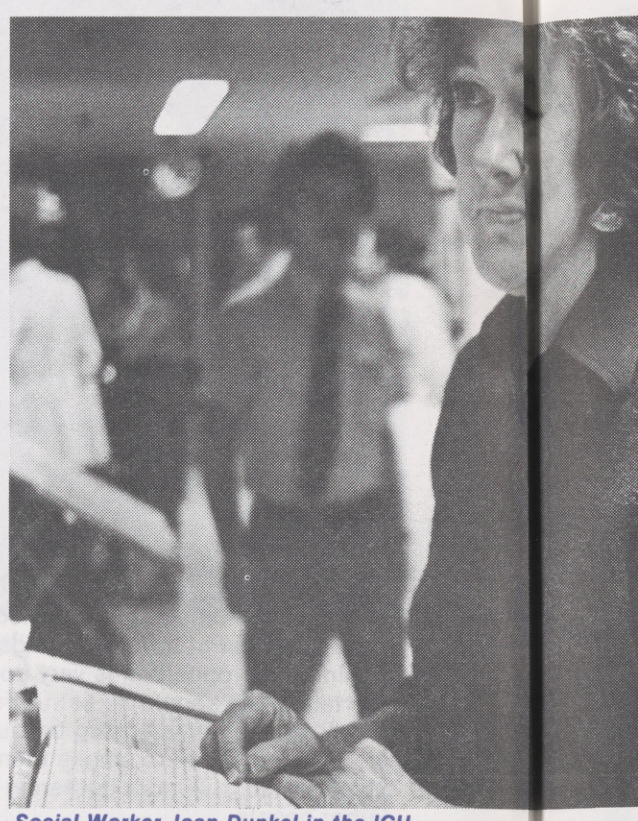
Later the father underwent heart surgery, and for a week or so after that, every time the mother came to visit, she turned Lisa over to Dorothy, and they were fast friends in no time.

Then came the day when Dorothy stopped in to visit a patient she didn't know, a young man who had had heart surgery, "and I saw Lisa's picture on the night stand." So she and Lisa'a father, too, became friends on sight.

At about this time a patient who was due for heart surgery was upset and threatened to leave. Dorothy talked with her, then suggested she visit a young man, who had just come through the experience. After that, the patient felt more at ease about her surgery.

There are many rewards in Dorothy's job. The candy, cakes and cookies she receives from families are a dubious reward — she has gained about 30 pounds since she started as a hostess. But the rewards of the spirit are immeasureable. "It isn't easy," she said, "but most worthwhile things never are. I'm so fortunate. It's so rewarding to be able to do this; it makes me feel so strong."

— Jane Eshleman Conant



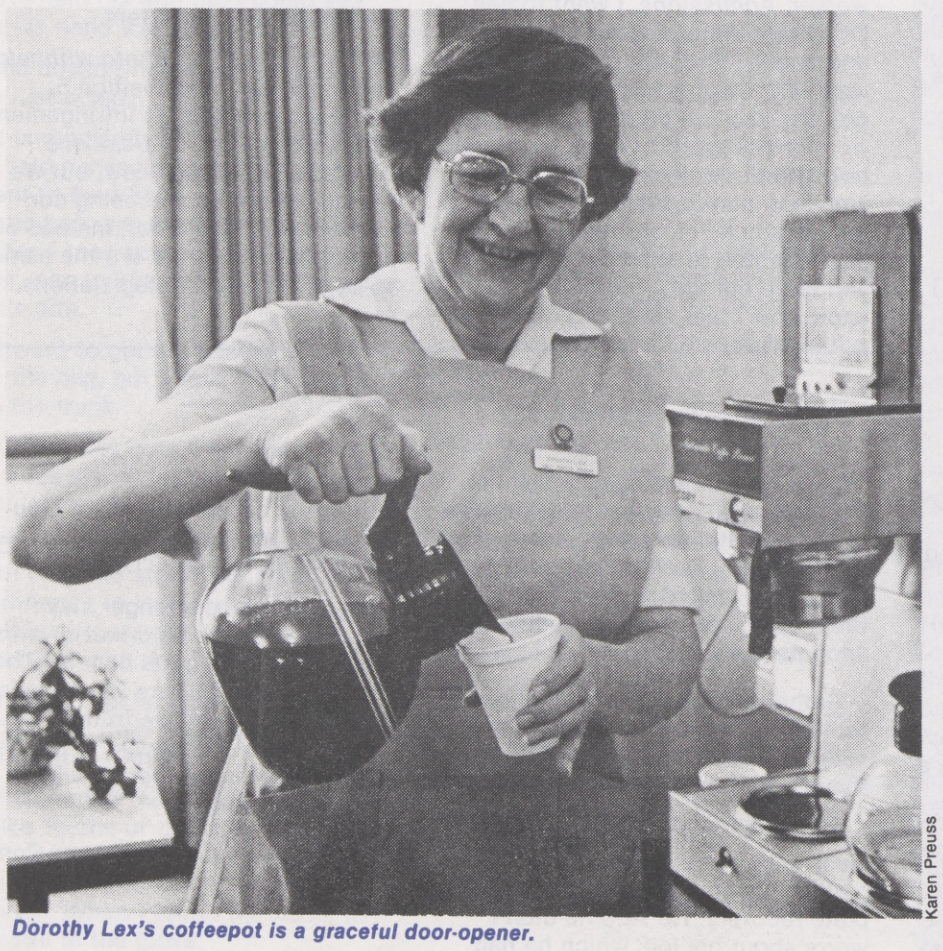
Social Worker Joan Dunkel in the ICU.

How To Become an ICU Host or Hostess

The Host-Hostess program in the Intensive Care Unit of as a vital extension to the ICU staff, accordin to Sharon Volunteer Service. The highly skilled volunte commit th program after completing an extensive orienton and tra

According to Ms. Beckham, volunteers are lected on communicate and work well with family mems of ICU meet monthly to share ideas concerning the pgram, and

"They receive tremendous support from thCU staff," funding for the program is provided by the Hpitals Auxi volunteers in the program, who are in the ICUt various t More volunteers are needed. Those who are ierested ma



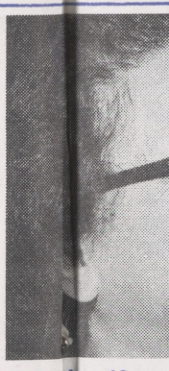
Karen Preuss

Dorothy Lex's coffeepot is a graceful door-opener.

The annual ceremony of recognition for in-service volunteers at UCSF Hospitals and Clinics was held recently at University House. All volunteers were acknowledged. Those who had given 10 or more years of uninterrupted service received certificates and are shown here.

Bill Kerr, director Hospitals and Clinics; Joyce McGriff, assistant coordinator; Volunteer Service; Henny Korte, 10-year volunteer who works in the Intensive Care Nursery and knits outfits, such as the one shown on the doll for the nursery babies.

Rebe Brittan, 18-year volunteer, works in Pediatrics.



Sally iss, 10 yea

Laura rstbacher ma Kah, 13 years hospit admissio

Photograph by Don Lore

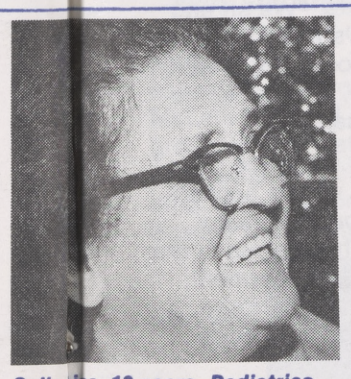
Randolph Falk

st or Istess

Intensive are Unit of Moffitt Hospital functions
accordin to Sharon Beckham, coordinator of
volunte commit themselves to a year in the
ve orienton and training session.

eers are lected on the basis of their abilities to
nily mem rs of ICU patients. The volunteers
ning the program, and to improve their skills.

from the CU staff," says Ms. Beckham. She said
by the Hpitals Auxiliary. At present there are 11
n the ICU various times from 11 a.m. to 9 p.m.
who are interested may call ext. 1196.



Sally iss, 10 years, Pediatrics.

Laura erstbacher (l) 12 years and Emma Kan, 13 years work as a team in hospit admissions.

Photography by Don Lorenzo

Students Volunteered During The Summer

When Zepur Aristahessian came to work as a volunteer at Moffitt Hospital, she wasn't sure what kind of a career she might eventually pursue. The 12th grade Galileo High School student had considered becoming a nurse and was eager to see what nurses did. She found out. She also found out that she had no tolerance for this kind of work. Her job placement in the hospital admissions department was very appealing, however, and revealed to her that her instincts for a medically-related career were correct, for she enjoyed working in the hospital setting, though not in the direct patient care capacity.

"The program helped me a lot," Zepur said. "I helped admit patients. I escorted them to their rooms and did some filing in the office. I gained new skills and learned better how to communicate with people."

Zepur was one of 40 high school and college students who participated in the Summer Student Volunteer Program through the UCSF Department of Volunteer Services. The students explored careers in health sciences and gained valuable experience, while at the same time providing to the hospitals and clinics staffs much needed services, according to Joyce McGriff, assistant coordinator of Volunteer Services.

Participating schools in the 10-week program were: San Francisco State University, University of San Francisco, City College of San Francisco, and the University of California at Irvine, Berkeley, Riverside and Davis; Lowell, Galileo, Washington and Mercy High Schools; St. Rose Academy, Mt. Holyoke College, Star of the Sea Academy, and Humboldt State University.

The students worked closely with the hospitals and clinics departmental staffs to maximize their skills and the learning experience. They transported patients to the X-ray Department, provided diversional play activities under the direction of a recreational therapist in Pediatrics, assisted in the clinics, operating, recovery and emergency rooms, admissions, nursing units, the gift shop and information desk, and in clinical functions. "Helping people," says Zepur, "gives me satisfaction."

The Volunteer Office has many types of opportunities for people interested in working on a health sciences campus, assisting in both patient-related and non-patient programs.

The program requires a minimal commitment of one day per week for six months, and that participants be at least 16 years old. Interested persons should call the office at ext. 1196.

SFGH

SFGH Participates in Drug Study

San Francisco General Hospital Medical Center is one of 32 clinical centers in North America selected to participate in a federally funded five year trial to test the effectiveness of the drug, propranolol, in prolonging life in a group of people with arteriosclerotic heart disease.

Project Director for the San Francisco study, which will be underway this month, is Robert W. Peters, M.D., UCSF assistant professor of Medicine and director of the Coronary Care Unit at SFGH.

Sponsored by the National Institutes of Health, the Beta Blocker Heart Attack Trial (BHAT) is the largest study of its kind ever undertaken. A total of 4200 patients who have had heart attacks will participate nationwide. Locally, about 130 patients are being recruited.

Propranolol is one of a class of drugs known as beta blockers, which block some of the potentially damaging effects of adrenalin upon the heart. The trial will test the hypothesis that this drug is of value in preventing heart attacks and sudden death and in decreasing overall mortality from arteriosclerotic cardiovascular disease. Propranolol was selected for the NIH trials because of its availability in this country, and because its safety has been demonstrated.

The UCSF study center is one of three in California. Others participating in the trial are the University of Southern California, Los Angeles, and the University of California, Davis.

Mary Anne McGuire, RN, Director of Nurses, SFGH, and Carol Hayden, RN, SFGH Emergency service, appeared on the NBC "Today" show and Evening News recently. They discussed the California nursing crisis in public hospitals. Ms. McGuire is a clinical instructor, UCSF School of Nursing.

Dr. Trunkey Receives Appointments

Donald D. Trunkey, M.D., has been appointed chief of Surgery at San Francisco General Hospital Medical Center and vice chairman of Surgery at UCSF.

Since 1973, Dr. Trunkey has been director of Surgery, SFGH Emergency Service and director of the SFGH Burn Unit, which he was instrumental in organizing. In these positions, he has had a key role in developing the Trauma Service at SFGH into one of the nation's most outstanding facilities for care of the critically ill and injured.

Dr. Trunkey is nationally known for leadership in the field of emergency care. His many public service activities include current appointments as chairman of the Disaster and Trauma Committees of the Northern California Chapter, American College of Surgeons; of the Steering Committee, California Association of Burn Care Facilities; and of the American Burn Association's Committee on Organization and Delivery of Burn Care. He is chairman of both the California Medical Association and Office of Emergency Services Disaster Committees. He is a member of the State Advisory Committee for Emergency Medical Services, Dept. of Health.

Jane Meier Honored

Jane Meier, M.P.H., director, Family Planning Program, has been elected chairman, Family Planning Advisory Board to the California State Department of Public Health.

Berta Concha President YWCA

Berta Concha, project coordinator, Multi-Cultural Program, has been elected to her second one-year term as president of the San Francisco YWCA.

Hana Ono Receives 20-Year Pin

Hana Ono, administrative assistant, Pediatrics, received her 20-year pin for service to UC. She worked in Pediatrics on the UCSF campus for two years, has been at SFGH for 18 years.

UCSF

SCHOOL OF NURSING

Two Named Fellows of American Academy of Nursing; Two Receive Honorary Memberships

Two members of the School of Nursing faculty recently were named Fellows of the American Academy of Nursing, it was announced by the Academy's President Donna C. Aguilera, Ph.D. Additionally, two members of the faculty were awarded honorary memberships to the prestigious Academy.

Induction of the new Fellows to the American Academy of Nursing brings to 14 the number of UCSF people in the School who are members of the prestigious organization — including 11 faculty, two clinical faculty and one doctoral candidate. This is an uncommonly large number for a single institution.

Named as Fellows were Patricia C. Pothier, M.S., associate professor and chairperson, Department of Mental Health and Community Nursing and Eugenia H. Waechter, Ph.D., associate professor in the Department of Family Health Care Nursing.

Honorable memberships were awarded to Helen Nahm, Ph.D., dean and professor emeritus, School of Nursing, and to Lucile Petry Leone, coordinator of the international students and visitors program.

Ms. Pothier has been involved in research to change patterns of nursing care for severely handicapped children. Her film, *Somebody Waiting* has received awards in national and international film festivals, and has been credited for influencing attitudes toward more individualized than custodial nursing care of handicapped children. Ms. Pothier is recipient of the American Nursing Association's 1976 Book of the Year Award for *Mental Health Counseling with Children.*

Dr. Waechter was the first person to conduct direct research on children with life-threatening illnesses. Her work on this subject has been cited in numerous articles. Her textbook, *Nursing Care of Children* received the 1976 Book of the Year Award from the American Journal of Nursing.

World-renowned Lucile Leone was the first nurse and the first woman to serve as assistant surgeon general of the U.S. Public Health Service, a post which she held from 1948 to 1966. Her position as director of the U.S. Cadet Nurse Corps Program and of the USPHS Division of Nursing Education from 1943-1948 greatly influenced nursing and nursing education's entry into the mainstream of the health care field.

Helen Nahm is acknowledged nationally and internationally as a leader in nursing education. She was one of the first nurses to receive a doctorate degree and was appointed in 1949 as first director of the National Nursing Accrediting Service, which was absorbed by the National League for Nursing in 1952. She was director of the Division of Nursing Education of the N.L.N. from 1953-1958, and was dean of the UCSF School of Nursing from 1958-1969.

Farewell to Departing Faculty — Welcome to Newcomers

The School of Nursing recently held a reception for faculty members who have retired or who have left These include Nicki Miller, Marilyn Chow, Kathy Hoare, Louise Daniels, Candy Carter, Cheryl Cahill, Jim Norbet, Flora Abbott, Janet Veach, Marilyn Flood, Sharon Eaton, Mary Ree, Janet Lloyd, Karen Williams, Jane Binger, Rebecca Partridge, Yvonne Brightbill, Therese Free, Betty Hannon, Connie Stockdale, Nancy Koehne-Kaplan, Diane Adams, Tom Bell, Vera Labat, Susan Baldi, Susan Montrose, Kathleen Porter, Janice Swanson.

New faculty members in the School of Nursing are: Huda Abu-Saad, assistant professor, Nursing in Biological Dysfunction; Toni Ayers, clinical instructor, Family Health Care Nursing; Eleanor Blue, lecturer, Mental Health and Community Nursing; Mary Etta Bryant-Smith, clinical nurse and lecturer, MHCN; Pamela Burton, lecturer, MHCN; Lois Chandler, lecturer, FHCN; Marylyn Douglas, lecturer, NBD; Patricia Gibbons, lecturer, FHCN; Richard Glaser, lecturer, MHCN; Susan Gortner, associate dean and profesor, FHCN; Robin Hammerman, lecturer, MHCN; Beverly Hendler, lecturer, MHCN; Sandra John, lecturer, MHCN; Virgene Kayser-Jones, assistant professor, FHCN; Rayetta Krall, assistant clinical professor, FHCN; Cynthia Leatherman, assistant clinical professor, NBD; Kathleen Maye, lecturer, NBD; Barbara McLain, assistant clinical professor, FHCN; Gaetan Micco, lecturer, FHCN; Beverly Nachem, lecturer, NBD; Kathryn Patterson, lecturer, FHCN; Rhoda Rhea, assistant clinical professor, MHCN; Lillie Shootridge, assistant professor, FHCN; Dennyse Stanford, lecturer, MHCN; Claudia West, lecturer, NBD; Holly Wilson, associate dean and associate professor, MHCN; Edna L. Winkler, assistant clinical professor, MHCN; Veronica Young, assistant professor, NBD; Carol Zeller, lecturer, NBD.

Sex Education Project Funded

The National Institute of Mental Health has provided funding for a three-year pilot sex education project in the Department of Family Health Care Nursing.

The project, Nursing Education in Human Sexuality, is directed by Marianne Zalar, associate clinical professor with new faculty member Toni Ayres, Doctor of Arts, as the lecturer.

The project offers advanced preparation in human sexuality for nurses in a variety of clinical specialty programs. Three advanced courses, "Sex and Illness," "Sex Counseling," and "Sex Education" focus on aspects of sexuality and its many expressions from birth to

Center Provides Psychotherapy for Adults Under Stress

"Isn't she holding up beautifully!" they said of the newly-widowed, 58-year-old Mrs. M.

Quietly and effectively, she was dealing with the many tasks that accompany bereavement. She was capable and strong, her friends said.

The trouble is that it wasn't true at all. Down inside, the widow was experiencing a period of denial in which she wasn't dealing with the meaning of her husband's death in terms of her own future.

This is one of the kinds of problems that are being met at a unique UCSF facility with a formidable name: the Psychotherapy Evaluation and Study Center, a component of the Center for the Study of Neuroses, part of the Langley Porter Institute.

The role: to provide "brief psychotherapy for adults who have experienced a stressful life event." Physicians and others concerned with persons in this kind of trouble are learning to refer the patients to the center for help. And in the process, the experts involved are learning a good deal about what's best to do for people like Mrs. M.

"As far as I know this is one of the few projects in the field that combines clinical treatment and research," said Janice Krupnick, clinical social worker and member of the unit's staff.

In its four years of existence at 1350 Third Ave., the center has had 105 patients who had suffered emotional body blows of several kinds. These can be the death of a loved one, violence, divorce, rape, a house fire, forced retirement, a mastectomy, a traffic accident; all sorts of things can create crises.

Some people face them and see them through, although it can be very rough, going it alone. Others might do the same, but can be spared a lot of pain if they have the right kind of help. And for still others, the professional shoulder to lean on may be the only answer.

There's a pattern in the reaction to a crisis, for example, the loss of a loved one. "First there's outcry — perhaps screaming, violent weeping, fainting. Then the denial phase — 'It can't be true!' or the intrusive phase — a survivor may have intensive images of the presence of the lost person, with possible movement back and forth between the two.

"If a person is working it through, he or she can think about the event

Will Cloughley

Janice Krupnick, clinical social worker

without having to block it out, and without being overwhelmed by it. But sometimes people are not able to get through those phases. They get stuck, they can't process it, they can't accept reality. People in this kind of trouble come to the Psychotherapy Center."

A patient comes once or twice a week for individual therapy for an hour at a time, finding it "a safe place to come to if his or her own support system fails . . . Just the sense that they're plugged in, that they've got someone to work with, is valuable."

The center's staff members — psychiatrists, psychologists and social workers — have direct contact with the patients. "We sit and talk, focus on what's to be achieved, try to help the person accept reality, to structure it more, to erect some defenses," Janice said.

It is often helpful when the patients discover that what's happening is not uncommon, that many others have found themselves in the same states of sad bewilderment, and that it can take two or three years to work through a bereavement.

A lot of feelings may have to be sorted out. Some people react to a death, or a mugging, or a car accident, by being very angry; some feel personally deficient if they cry, because, to them, to cry means to be weak.

Of course laymen, friends or relatives of the troubled person can sometimes be helpful too, Janice added. But sometimes they don't know how.

"Sometimes people are scared of a person in bereavement," she said. "They're afraid to get too close. They shouldn't push it, but they should be available, they should be aware that that's when people do need support."

The layman needs to recognize

death, and the sexual adaptations that must be made by persons with acute, chronic and disabling conditions.

"We work closely with the School of Medicine's Human Sexuality Program," said Ms. Zalar.

Dr. Ayres received her doctorate from the Institute for Advanced Study of Human Sexuality. She has been a director of training, sex therapist and production and media consultant for the National Sex Forum.

Irene Lewis RAR Coordinator

Irene Daniels Lewis is the new coordinator of Recruitment and Retention for the Socioeconomically Disadvantaged. She says the recruitment program aims to develop among students within the School of Nursing a "nice mixture of backgrounds."

Dr. Lewis says the program will provide curricular ideas that "speak to the needs of clients," and be a resource of information for faculty members.

"My approach," she says, "is preventative. I will try to foresee any difficulties."

HOSPITALS / CLINICS

A nutritious diet is essential to good health and recovery from sickness, as any patient at Moffitt Hospital knows.

Someone, for instance, who has high blood pressure may be placed on a low sodium diet while in the hospital.

The physician orders the appropriate diet, such as low sodium, but it is the hospital dietitian who develops menus containing the prescribed foods. Since April, Nutrition and Dietetics has been piloting a new cost-saving program, according to Evelyn M. Peterson, director Campus Food Service and Nutrition and Dietetics. Five full time and highly specialized Nutrition Care Teams work in groups of 3 to assist patients with special diets. Each team has a registered dietitian, a dietitian's assistant and a host or hostess. Overall there are 5 registered dietitians, 7 assistants and 7 hostesses, with more in the reserves to be called upon when needed.

Linda Lagger, a registered dietitian, says it is her job to consult with the patient and the family concerning the patient's eating habits. She assesses the patient's nutritional needs, and if necessary, counsels the patient to make appropriate changes in the diet.

In order to become a registered dietitian Linda received a B.S. degree in dietetics, served as a dietetic intern for a year and passed a registration exam. She supervises dietetic interns, teaches nutrition education to physicians, nurses, pharmacists and, on her own time does some community outreach work.

Don Lorenzo

Leola Carter, hostess, Linda Lagger, registered dietician, Rodrigo "Randy" Reyes, dietetic assistant.

Dietetic assistants visit patients, assist them in filling out their menus and review their selection. They report to the dietition on any problems or special requests that arise.

Assistants and host/hostesses receive in-service training to increase their knowledge and skills. Hosts and hostesses are in charge of supplies and nourishments in the pantry, they pick up diet requisitions, notify the kitchen of diet changes, serve nourishments and trays, order food, and are available to all patients and nursing staff who need service from the pantry.

And what do patients think of hospital food in general? Linda Lagger says they seem to like it, depending, of course on variables such as degree of illness and diet restrictions.

New Autopsy Director

Martha Warnock, M.D. is the new director of the Hospital Autopsy Service.

Before coming to UCSF she was professor and director of the Autopsy Service at the University of Chicago, and also director of the University's School of Histotechnology. She is a distinguished teacher who repeatedly received teaching awards, and in 1977 was honored by the graduating class with the highest award, the McClintock Teaching Award.

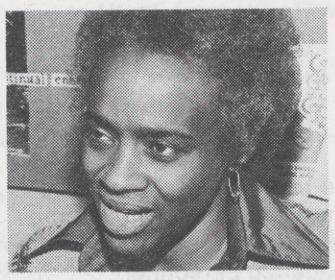
Dr. Warnock is a graduate of Harvard School of Medicine.

Who's There

Who's occupying the remodeled first floor of the old clinics building? The Division of Pharmacy on the east side near the main entrance, the Anesthesia Department, Nursing Services, classrooms, including a microscope classroom, and the Hospital Physical Plant Department.

New Director Children's Service

Mary Etta Smith has been appointed director of the Children's Nursing Service. She was formerly associate director of Nursing at McLain Hospital in Boston. She did graduate study at UCSF, receiving her master's in child psychiatric nursing, and is a doctoral candidate at Boston University.



Mary Etta Smith

that the person who seems to be bearing up may actually be denying what has happened, refusing to face reality, while hurting a lot inside. This might be the one who could come to the Psychotherapy Center.

"If a listening ear is all that's needed," Janice said, "the friend, or the hairdresser, or the bartender may serve the purpose. But sometimes the crisis just can't be dealt with very well that way." Anyone needing the service or more information on it should call Janice Krupnick at 681-8080, ext. 513. *-J.E.C.*

Friends of LPI Hold Annual Meeting

The Annual Meeting of the Friends of Langley Porter, a volunteer support group, was held recently in Millberry Union Lounge. New Board of Directors elected for the 1978-79 year are: Irene Epstein, a certified public accountant in the Tax Department of Arthur Young and Company; Shirley Jones, project director of the Food Supplement and Food Stamp Office; Buford Gibson, M.D., psychiatrist who is the executive director of Pacific Psychotherapy Associates; Ann Lenway, a social worker; and Ellen S. Levinger, a masters degree candidate in the field of clinical psychology at San Francisco State University.

Officers for the 1978-79 term are: President Jay Darwin; First Vice-President Mrs. Joseph V. Costello Jr.; Second Vice-President Mrs. John P. Sutton; Secretary Starry Skinner; and Treasurer Mabel Schine.

During the annual meeting a special screening of the film, "Psychotherapy" was shown and the year's activities for Friends were planned. They will include production and sale of a calendar, featuring artwork by some of the patients, and a fundraiser scheduled for April which is now in the planning stages.

Don Lorenzo

(l-r) LPI Friends Shirley Jones, Ann Lenway, Jay Darwin and Ellen Levinger

Campus Map Available

The official UCSF Campus Map is now available to departments. It contains a three-dimensional map, an aerial view of the campus, a transportation guide to campus, and an appointment reminder for patients. The cost is $2.50 for 50 maps. Order by calling ext. 4394.

The UCSF Journal, a publication of the University of California, San Francisco
1475 Fourth Ave., SF, Ca. 94143
(415) 666-2557
Francis A. Sooy, M.D., Chancellor

Editor: Jini Robinson
Associate Editor: Don McClelland
Feature Writer: Jane Eshleman Conant
Graphics & Production: Dale Smith
Editorial Assistant: Allen Balderson
Michela Reichman, Campus Director
News Services and Publications

Editorial Advisory Committee: Anita Pool, Chairperson; Mary Altman, Kathy Balestreri, Don Bartlow, David Batcho, Christine Cardle, Mary Collier, Patricia Diridoni, Joan Dunkel, Mary Dunselman, Robert Eaton, Mary Fisher, Carol Fegte, W.K. Hadley, M.D., Margaret Hall, Leslie Hannock, Carol Hardgrove, Helene Harrington, Susie Hedburg, Carolyn Howard, Orestes Inguanzo, Sharon MacLachlan, Marcellus Martin, Pat McClelland, Joyce McGriff, Zina Mirsky, James J. O'Donnel, M.D., Stephen Ordway, Pat Ruddick, Howard Smith, Joanne Soued, Kenneth Weeks, Doris Wellenkamp

UCSF GAZETTE

SCHOOL OF DENTISTRY

100 Dental Students Volunteer for Project Concern Clinic

One hundred second through fourth year students of the School of Dentistry volunteered to participate in the Project Concern dental clinic in Tijuana, Mexico, during the summer.

During a seven week period, rotating weekly teams provided total staffing for the eight-chair clinic, which primarily serves children and the elderly. Seven faculty members of the School of Dentistry volunteered to supervise the students.

According the Rudy Mendoza and Brian Yamamoto, student coordinators for this year's outreach effort, 1978 marks the twelfth year that UCSF dental and dental hygiene students have brought primary and preventive dental care to Tijuana. The project is under the direction of Samuel J. Wycoff, chairman, Division of General Dentistry, and Steven J. Silverstein, vice-chairman, General Dentistry, for Community Dentistry.

Project Concern, a non-profit organization providing low cost and free health care in six countries, maintains the dental clinic as part of its Tijuana outpatient facility, Casa de Todos. The students furnish their own transportation to Tijuana, and Project Concern provides dormitories and meals.

Much of the equipment for the seven week program is loaned by the UCSF School of Dentistry and all supplies are donated.

Last year, the UCSF volunteers treated more than 800 patients. They distributed 1,000 toothbrushes to children at two orphanages and a school as well as the clinic. These children also received instruction in preventive dental care.

Dental Hygienists Expand Duties

A new program to train dental hygienists for expanded duties is underway in the School of Dentistry.

Funded under a $311,000, three-year grant from the Department of Health, Education and Welfare, the program is the only one of its kind in Northern California.

Norma K. Francisco, chairperson, Dental Hygiene Division, is recipient of the grant and Roland J. Miller, chairman and UCSF coordinator, Community College Dental Hygiene Program, is principal investigator.

The new program was developed after recent State legislation was passed permitting dental hygienists to be certified to provide extended services in the field of periodontal (gum) treatment, in addition to their traditional duties — cleaning teeth and taking X-rays.

According to Dean Ben W. Pavone, "over 90 percent of the population over age 30 has some form of periodontal (gum) disease, and dental hygienists are in a key position to help control this problem." He points out that there are approximately 1,000 practicing dental hygienists in Northern California.

The new training program will prepare these important members of the dental care team to perform such services as placing temporary fillings, taking impressions, finishing permanent fillings, and using local anesthesia, in addition to treating periodontal disease.

During the first year of the grant, instructors will be trained to teach the expanded duties; in the second year the instructors, in turn, will train undergraduate dental hygiene students; and in the third year, the instructors will train practicing dental hygienists. It is estimated that a total of 700 will be trained during the three-year demonstration. They will be certified after successfully completing the course.

Classes will be conducted both on the UCSF campus and at five Bay Area community colleges with UCSF-affiliated dental education programs: Chabot, Hayward; Diablo Valley, Pleasant Hill; Foothill, Los Altos Hills; Sacramento and Fresno Community Colleges.

Hemophilia Camp

Hemophilia Camp — 35 children attended Camp Gualala last summer and had a good time. UCSF Hemophilia Nurse Coordinator and organizer of the camping program, Susan Karp, Department of Pediatrics, is shown at far left with camper Michael Giles. The boys played baseball, basketball, swam and hiked. Baseball players are (l-r) Todd Clark, Joel Gelon, Michael Giles, Chris Ho (counselor), and Craig Gianinno. The boy on the suitcase is Joel Gelon.

During the Summer . . .

Don Lorenzo

Summer Youth Program

Summer Youth Program — This year 40 young people participated in the Summer Youth Employment Program, sponsored by the UCSF Training and Management Development Department and the San Francisco Unified School District. A luncheon concluded the summer program and featured the talents of youths such as dancer Fonda Taylor, above, a student at Balboa High School. Program founder David Johnson is shown with the coordinator April Watkins.

Affirmative Action Office (Continued from page 1)

"The intent of the Affirmative Action Office is not to achieve quotas," says Nelson, "because this artificially limits the number of people from a group who can be hired. Rather, the intent is to set goals, reach these goals and to go beyond."

Goals are based in part on census data and labor market work force data which represent the number of people available for work in a given area. Nelson says that in instances where figures show there is a small or nonexistent availability pool of minorities or women for certain professional positions, the Affirmative Action Office has a responsibility to support student recruitment and admission efforts on campus.

"Current availability data," he says, "can distort the whole affirmative action program. We have to make a concerted recruitment effort."

Nelson said that Hispanics have been identified as an "underutilized" group among campus employees. Efforts will be made to hire more Hispanics, he says. "We shouldn't transfer the effort from one of the protected groups to another, but should continue to take aggressive affirmative action for all protected groups with greater emphasis in areas where deficiencies are significant," he said.

In August UCSF's compliance with federal guidelines and its own affirmative action goals was audited by the Office of Civil Rights, DHEW. Hiring goals for academic staff and personnel were examined by a three-member audit team whose report would determine whether or not UCSF would receive a $1.9 million federal contract.

The team found that UCSF is in compliance with the law, however, three areas of improvement were identified:

- improving the data collection system for areas such as promotion, transfers and merit increases;
- recruiting and employing Hispanics; and
- improving the coordination of the entire affirmative action program.

The team found that a good mechanism exists for reaching affirmative action goals in the hiring of academic personnel.

Nelson participated in the development of an affirmative action program for construction contracts, and has acted as a consultant to the Affirmative Action Office during dispute settlements between managers and employees. As one of the UCSF project architects, he helped carry out the affirmative action program for construction and was instrumental in selecting minority design professionals for consultant services. He has served as chairman of the UCSF Black Caucus.

United Way is All of Us

November 8 is the Day

On Wednesday, November 8, more than 400 United Way donor representatives will circulate on campus to obtain pledges for the charitable organization. This year's theme, "United Way is us. All of us," expresses UCSF's goal to involve the total campus in the campaign.

Contributors will be able to designate the groups to which their money is given.

"Last year we raised $82,000 and had 39 percent participation," said Tom Gwyn, director of Public Service Programs and this year's campaign coordinator. Co-chairpersons of the campaign are William B. Kerr, director of Hospitals and Clinics and Frances Larragueta, assistant dean, School of Medicine.

The goal for UCSF this year is $100,000. Each department is encouraged to increase last year's contribution and participation by 25 percent. Those departments that increase their gift by more than this amount will receive a certificate of recognition.

"I have agreed to co-chair this year's campaign because I would like to see a substantial increase in participation on campus," said Bill Kerr. "My concern is not so much with how much an individual decides to give, but that everyone give something."

It was thought last year that the decrease of nearly $10,000 in UCSF contributions to United Way was due in part to negative publicity about United Way just prior to the annual Fund raising drive. At that time

Gwyn said, "I take little comfort in bad publicity as an excuse for not giving to an important charitable activity in the Bay Area."

He says it is even more important to give this year because of funding cutbacks caused by Proposition 13.

The United Way spends only 10 cents of every dollar for administrative costs. It supports 200 Bay Area organizations. A feature in this year's campaign is the improved use of the campus computer system, under the direction of Masami Sugiyama, which is making available a more current personnel list than was available in the past.

Judith Serrell and John Otto

Meet the Volunteers

John Otto has worked with the United Way campaign on this campus for 13 years. He started as a donor representative for his department, Nutrition and Dietetics, where he is administrative assistant. The size of the department required more workers, however, so John is now United Way Area Captain of six donor representatives.

His affiliation with United Way didn't start at UCSF.

"I was with United Fund in Milwaukee when they were calling it 'Red Feathers,' for the feather contributors received," he says. As an employee of the Northwestern Mutual Life Insurance Company, he contributed to the yearly fund raising drive by soliciting the support of small businesses in the area.

His motivation: "I believe in it and think it is a worthwhile thing and the best way I know of to help people."

Have the years as a volunteer brought any unusual experiences? "Not too many," says John. "About the only thing I can think of is one of the taverns I went to in Milwaukee that wouldn't give me any money but did offer me a glass of beer."

Judith Serrell's committment to work as a donor representative for United Way surfaced this year though she admits that the seed for supporting the organization was planted some time ago by her sister, a United Way volunteer, in Minnesota. Judith has worked at UCSF for nine years and is student program assistant in the Department of Medicine.

She says she is impressed with United Way because giving to one organization should cut down on costs, and small organizations such as nursery schools receive much needed support.

The annual system of making pledges through payroll deductions also pleases Judith, and she says, "It doesn't hurt. You don't even notice it. Once you say 'Yes, I'll do it,' someone else does all the work."

MOVING AHEAD

Martha Marcial, formerly employed through CETA as a senior clerk typist in the Campus Tours and Speakers Bureau office, is now permanently employed in the same position in the Storehouse.

No longer the familiar voice of the troubleshooter for Physical Plant, **Charles Cannady** is administrative assistant in the Department of Immunology. New Physical Plant troubleshooter is **Bonnie Bautista,** who was formerly a dispatcher in the UCSF Police Department.

Alexander Nacklowycz is manager of Hospital Billing and Collections. He came to UCSF from UC - Davis where he was in-patient billing manager.

Marcellus Martin is assistant director of Finance, Hospitals. He was formerly patient accounts manager.

Formerly principal accountant, Hospital Accounting, **David Batcho** is now assistant director of finance.

Nacklowycz

Photographs this page by Don Lorenzo

Cannady

Marcial

Martin

Batcho

The following employees were recently promoted:

Leona Banks	Neurosurgery
Katherine Bellis	Neurosurgery
Bonita Bennett	Ophthalmology
Norval Bhendra	Medicine
Rick Bolton	Anatomic Pathology
Judith Burns	Nuclear Medicine
Kevin Burns	Registrar's Office
Alex Cadesellas	Dentistry
Nancy Carroll	Ofc of Design & Constr
Gary Ceman	UH Anesth
Rosemary Cohen	Neurological Surg
Yolanda Cuevas	Ob/Gyn
Terry DeLorbe	CVRI
Roberto De Los Reyes	Mat Mgmt: Purch
Marian Dobie	Biochem & Biophys
Paul Fitzsimmons	S/N: Dean's Ofc
Yma T. Ford	Medicine: SFGH
Jack Fung	UH Laundry/Linen
Jane Gilmore	Mat Mgmt: Purch
Madhu Gupta	Neurology
Sharon Herzog	Cont Ed in Nursing
Jean Hunt	Microbiology
Diane Farest	LPI Prog Eval
Sally Jennings	EMR
Garry Kato	Plant Service
Roy Kriedeman	Endo Clin Lab VA
David Landau	Pediatrics
Ronald Leal	EMR
Edmond Lee	Nutrition & Dietetics
Kristine Martinovick	Dialysis
Betty Matrigali	Epid & Int Health
Deborah McGarry	Ob/Gyn
Adrienne Morello	Personnel
Deanna Neal	S/Pharmacy
Kimberly O'Conner	Addressing Services
Sean O'Doherty	Library
Cynthia O'Toole	Pediatrics
Catherine Pacheco	Computer Center
Ludmilla Patterson	Accounting
Mary Frances Pianfetti	Gen Med
Carole Rahn	Dentistry
Carlos Rivera	Lab Med SFGH
Patricia Rodden	S/N: Family Health Care
Beth Ruiz	LPI
Robin Russell	S/Pharmacy
Patricia Sakmar	UH: Radiology
Laura Scudder	Cardiology: SFGH
Gene Sharp	Hooper Foundation
Mary Smith	Anatomy
Kitty Tang	Dermatology
Rebeka Vandusen	Lab Med: SFGH
Martha Wash	S/N: Biodysfunction
Michael West	Lab Med: SFGH
Margaret Wheeler	Otolaryngology
Ellen Wolfe	Pediatrics: SFGH
Jun-Kwan Woo	UH Laundry/Linen

The following nurses were recently promoted:

Jolene Ball	CNI 8E
Elizabeth Bastible	CNII 8E
Jennie Boehm	CNII 8E
Mary Brennenman	CNI
Lorraine Brooks	CNI 8E
Mary Cucci	CNI CCU
Tessie David	SSN 4A
Elizabeth Dewit	CNI 8NS
Dena Dickinson	CNI ICU
Chana Dominitz	CNI ICU
Sue Erickson	CNI CCU
Nora Furey	CNI 8NS
Linda Gunderson	SSN L&D
Lindsay Hamilton	CNI ICU
Jane Harvey	CNII 8NSCU
Dawn Isaacs	CNI ICU
Pam Johnson	SSN 7NS
Joan Krause	CNI CCU
Karen Lahl	SSN 9NS
Margaret Lentell	CNI 6NS
Patty McFarland	CNI ICU
Susan Richey	CNI 11NS
Janet Rowerts	CNI ICU
Diane Saiki	CNI ICU
Jean Sauda	CNI 11NS
Joanne Saxe	CNI CCU
Hugh Sharkey	CNI CCU
Kellie Sheehan	CNI CCU
Lucy Stumes	CNII 11NS
Judy Sweet	CNI 6E
Anita Walker	CNI CCU
Ulla Wallin	CNI ICU
Jane Weesner	SSN 4A

Running Clinic To Start

When a third-year medical student suggested a few weeks ago that a running clinic be opened on campus, his idea caught on so fast that it developed in no time, attracting the support of the San Francisco Health Department as well as the Recreation and Parks Department.

Greg Thomas, the student, is himself a marathon runner and one of the seven-member faculty who will lead discussions at Kezar Pavilion and runs in Golden Gate Park at the clinic's seven Sunday sessions, beginning November 5, and ending on December 17. A brief 30-minute presentation on selected topics will be given at 10 a.m. each week, followed by appropriate stretching exercises and runs of varying distances.

The faculty includes Charles Becker, M.D., medical pharmacologist and active runner; Lisa Capaldini, first year medical student and women's road race competitor; Louis E. Gonzales, D.D.S., president of Health's Angels, a UCSF running group; Bob Barnes, jogging instructor, UCSF Outdoors Unlimited; Judy Leydig, UCSF physical therapist, world class marathon runner and first place winner of the women's division, Avenue of the Giants Marathon; Frances R. Sackerman, masters runner and one of the top women runners aged 40-49 in the world; and Greg Thomas.

The program is designed to provide information, experience and support to persons who are interested in improving their overall health by running. Particular attention will be paid to beginning runners. Topics of discussion will be:

- "Why Run and How To Get Started"
- "Fitness and Alteration of Risk Factors for Heart Disease"
- "Women Running"
- "Smoking, Alcohol and Exercise"
- "Nutrition, Exercise and Carbohydrate Loading"
- "Running After 40"

UCSF co-sponsors of the program are Millberry Student Union, the UCSF Chapter of the American Medical Students Association, and the Office of Public Service Programs, directed by Tom Gwyn, coordinator of the clinic.

The clinic is free. Information may be obtained by calling ext. 1800.

SOAP IS A DIRTY WORD

(Single Occupant Automobile Person)

Will Cloughley

Reduced and increased parking rates have gone into effect at Millberry Garage. Carpool drivers can park a car for $8 a month or $2.66 per passenger, a reduction of $10. The cost is split equally among the riders and deducted from their paychecks. Exceptions to the three-person-or-more carpool rule are: two people in a small car that can only seat two and single-occupant vehicle drivers who may form a pool with only one other person.

Information on rates and decals is available by dropping by the Parking Operations Office on the H level of Millberry Union Garage or by calling ext. 2566.

The garage has hiked its top daily parking fee to $3.50, an increase of $1.50, to discourage all-day parking. This new rate affects all automobiles parked for seven or more hours. Rates remain unchanged for the first six hours, running from 50 cents to $2, then climb to $2.75 from the sixth to seventh hour, and $3.50 for seven or more hours. Questions on parking fee changes may be directed to Robert R. Cannon, assistant vice chancellor, Business and Fiscal Services, ext. 1511.

NEWS BRIEFS

Christmas Craft Fair To Benefit Child Care Center

A five-day "UCSF Employees Christmas Craft Fair" has been planned by the Fund Raising Committee for the campus Child Care Center, to be held in Millberry Union Lounge December 4-8.

Talented employees are invited to display and sell their wares — photography, paintings, embroidery, macrame, graphics, Christmas ornaments, and other crafts — as a donation to the center, or for a 40 percent profit. Not only artists are needed, but all those who do what they do for fun.

"This is a good way to raise money for Christmas shopping, to contribute to a worthy cause, and to show the campus community what talents you have," says Danuta Sek, secretary to George Evanoff and coordinator of the crafts fair.

Innovative ideas for raising funds for the center, which will provide full day care for 53 children, have come from various sectors of the campus. During the summer, Millberry Union Recreation Department donated the proceeds from "Peter Pan," its first summer film, to the fund. The film raised $950, which put the center within $2,000 of its $8,500 goal for the extension of the building. A concession table was run by the child care committee at the summer's Friday night movies.

The committee must still raise between $10,000 — $15,000 to develop the playground. Those who are interested in participating in the crafts fair should contact Danuta at ext. 4318.

October Blood Drive UCSF's Biggest Success

The October 10 blood drive held on campus was the most successful one in the history of UCSF, according to a spokesman at the Irwin Memorial Blood Bank, who said 206 pints were donated, which is just one more pint than last year's October drive, but 25 percent more than was given during the May blood drive.

In addition, more people registered this time, 223, though all did not meet donor eligibility requirements.

In May, the School of Dentistry students topped the other schools with a donation of 37 units. Medicine was second with 19 units, Pharmacy third with 14, and Nursing fourth with 4.

Class winners in the schools were Dental Hygiene Program, the School of Medicine's first year class, Pharmacy's first year class, and Nursing's first and second year classes.

Trophies Given to Winners At Golf Tournament

The most recent UCSF golf tournament was held September 29 at Sonoma National Golf Course. Trophies were given to Joe Jezukewicz, Administrative Coordination and Planning Department, who was men's first place low gross winner; to Mike Bergdorf, Materiel Management, men's first place low net; and Mary Collier, Addressing Services, women's first place low gross.

Charles Jackson, pharmacist, won $50 for being closest to the hole. A 1978 Chevette was on hand for the hole-in-one winner. Maybe next time.

Labor Relations Manager Bill Neff States Goals

William J. Neff, the new manager of UCSF Labor Relations, says his first objective will be to identify the three major employee categories required by the new law (Berman Bill) which permits bargaining rights between UC employees and Regents. The three categories are managers, supervisors and non-supervisory employees.

Only non-supervisory employees, those to whom the law is specifically addressed, are eligible to exercise collective bargaining rights, according to Neff. As of July 1, 1979, labor unions, such as American Federation of State, County and Municipal Employees (AFSCME) and the California State Employees' Association (CSEA) that seek legal recognition will have to follow procedures under the law to become sole and exclusive representatives of employees. Until that time, no change in the present method of representation will be required.

Supervisors are covered by one article of the law, he says, which permits them to meet and confer with the employer — the Regents of the University of California — and to join employee organizations comprised of other supervisors. Supervisors are those who have the authority to hire, transfer, suspend, lay off, recall, promote, assign and discipline employees, and to handle grievances. Neff will conduct informational sessions and disseminate written materials to educate supervisors in new roles specified by the law.

The single group not covered by the law is the managerial group, which, Neff concedes, is hazily defined as that group of employees who have significant responsibilities for formulating and administering programs. He will assist the deans of the four schools and other departments on campus in identifying their managers and supervisors.

Neff is campus liaison with UC systemwide officials in collective bargaining settings. He is Chief negotiator for labor negotiations on campus, with responsibility for administering labor agreements, and he will assist in representing the campus in hearings that result from the collective bargaining process.

Neff was formerly assistant director of Personnel at the University of Michigan, where he directed union and staff relations and the personnel training divisions of the university's various campuses.

Professional Services Activities Director Appointed

Don Lorenzo

Richard Nielson

Richard Nielsen has been appointed director of UCSF Professional Services Activities, with responsibility for the operations of the Professional Fee Billing Department and coordination of matters related to physician billing and the financial aspects of faculty physician services.

Nielsen was formerly provider coordinator of Blue Cross of Northern California.